

## STUDY OF CONTRACEPTIVE USER WOMEN IN D. I. KHAN, PAKISTAN

M. H. KHAN, S. HUMAYUN SHAH, NASEEM SABA, SAEED ANWAR  
IFTIKHAR AHMAD, KHALID S. BABAR, MARIA AFIFA AND BEENISH GUL  
*Gomal Medical College, D. I. Khan, NWFP - Pakistan*

*Since its creation, Pakistan's population is increasing rapidly. Despite being among the first countries in South Asia to launch a national family planning program, Pakistan has poor performance in improving contraceptive prevalence. It is necessary to find why the rate of contraception use is so low in Pakistan. This study investigates the personal and social factors that influence the adoption of contraceptive methods. This cross-sectional study was conducted during the period from July 1, 06 to Aug 31, 06. The study population consisted of married women, 15-45 years, currently using contraceptives, visiting Zanana Hospital (Government health care facility) and Farukh Gul clinic (a private clinic). The sampling method was convenient. We collected detailed information through questionnaire filling. The contents of questionnaire were about demography, literacy level, socio-economic status, contraceptive practice, adverse effects, method failure and to know whether the male partner uses the contraception. We recruited 60 women for this study according to inclusion and exclusion criteria. The finding of this study revealed that majority of the women (54) in study population belong to age group 21-39. Six women were between 40-45 while only two were found in younger age group of 15-20. Regarding literacy level, 1.6% respondents could only read, 11.6% had primary education, 10% middle, 18% matriculate, 13% intermediate, 3.3% graduate and 6.6% were master. Among literate participants, 41 were housewives and 19 were employed. Most commonly adopted contraceptive method was oral pills (33.3%), followed by IUCD (26.6%), condom (21.6%), injection (13.3%) and tubal ligation 5%. Most common adverse effects observed were menstrual bleeding (15%) weight gain (15%), pain abdomen (13.3%), backache (10%) headache 10% and 8.3% were happy with their contraception, having no complaints. The findings of this study have important policy implications. Obstacles to contraceptive use in our country are related to women's autonomy, low education, limited mobility, contraceptive methods affordability, availability and awareness.*

Pakistan's population has increased from 34 million in 1951 to 144 million by mid 2001. This huge difference is due to high population growth rate over the last thirty years. Continuing population growth in Pakistan will reach 220 millions by the year 2020. Coupled with poor human development indicators such as low literacy, high infant and maternal mortality, low GDP per capita, such a large population will undermine efforts being undertaken to reduce poverty and to improve the standards of living of the people.

In 1960, the Government of Pakistan launched the Population Welfare Program in order to arrest the increasing growth rate of population. The programme has remained operative since then, though with varying degrees of emphasis different strategies evolved over the years, but appreciable progress could not be made due to inconsistent policies and lack of political support by various Governments.<sup>1</sup>

Despite being one of the first countries in South Asia to make a commitment to fertility reduction as a national planning objective, Pakistan's family planning has a long, expensive and unsuccessful history.<sup>2</sup> Our country's contraceptive prevalence rate is frustratingly low (28%) in 2004,<sup>3</sup> i.e at the end of three decades. It is therefore necessary to find out why the rate of contraception use is so low in Pakistan.<sup>4</sup> What influences contraceptive use among our women?<sup>5,6</sup>

This study investigates the personal and social factors that influence the adoption of contraceptive methods. The main objective of the study is to generate information for the benefit of planners and managers of the program to enable them to develop and modify strategies to enhance contraceptive acceptance and encourage their long term use.<sup>6-8</sup>

## MATERIAL AND METHODS

This cross-sectional study was conducted during the period from 1.7.06 to 31.8.06. The study population consisted of married women, 15-45 years, currently using contraceptives, visiting Zanana Hospital (Government health care facility) and Farukh Gul Clinic (a private clinic). Women who were divorced, widows or separated, unmarried, not sexually active post menopausal were excluded from the study population. The sampling method was convenient. We collected detailed information through questionnaire filling. The contents of questionnaire were about demography, literacy level, socioeconomic status, contraceptive practice, adverse effects, method failure and to know whether the male partner uses the contraception.<sup>9</sup> The basic demographic characteristics used in this study include women's age group and rural / urban residency. The interviewers used two page questionnaire which required 5-10 minutes to complete. The questionnaire and survey procedures were approved by Ethical Committee of Community Medicine Department of Gomal Medical College, D. I. Khan. We considered women to have been contraceptive users if they had been using a modern contraceptive method during the calendar year.

## RESULTS

We recruited 60 women for this study using the inclusion and exclusion criteria, 30 were interviewed at Zanana Hospital and 30 at Farrukh Gul clinic. The finding of this study revealed that majority of the women (54) in study population belong to age group 21-39. Six women were between 40-45 while only two were found in younger age group of 15-20.

Regarding literacy level, 1.6% respondents could only read, 11.6% had primary education, 10% middle, 18% matriculate, 13% intermediate, 3.3% graduate and 6.6% had master (table 2). Among literate participants, 41 were housewives and 19 were employed. Most commonly adopted contraceptive method was oral condom (21.6%), injection (13.3%) and tubal ligation 5% (table 3).

Most common adverse effects observed were menstrual bleeding (15%) weight gain (15%), pain abdomen (13.3%), backache (10%) headache (10%) and 8.3% were happy with their contraception, having no complaints.

**Table 1:** Shows respondents against origin and literacy.

Variables	No. of respondents	Private	Govt.	% age
Rural	15	6	9	25.00%
Urban	45	23	22	75.00%
Literate	39	15	24	65.00%
Illiterate	21	10	11	35.00%

**Table 2:** Literacy and number of respondents.

Variables	No. of respondents	%age
Only read	1	1.66%
Primary	7	11.66%
Middle	6	10.00%
Matric	11	18.33%
Intermediate	8	13.33%
Masters	4	6.66%
Graduation	2	3.33%

**Table 3:** Number of respondents against various contraceptives.

Methods	No. of respondents	Private	Govt:	%age
Oral pills	20	15	5	33.33%
IUCDs	16	5	11	26.66%
Condom	13	10	3	21.66%
Injection	8	4	4	13.33%
Tubal ligation	3	1	3	5.00%

## DISCUSSION

This study examined the use of contraception among currently married women of reproductive age in the city of Dera Ismail Khan, NWFP, Pakistan. Our focus was on the extent to which demographic, socioeconomic and contraceptive practice factors influenced the contraceptive use. The first

important factor in contraceptive acceptance is age. The result of this survey showed that frequency of contraceptives is very low in younger age group of 15-20. It reflects that there is no trend of contraceptive use immediately after marriage because there is desire from the husbands and mother in laws for children and the women are not allowed to use contraception. This suggests that our study population adopted use of contraception under favorable social environment with least opposition from any side.

Education of women has been viewed as a powerful change agent. Our study findings indicate that better educated women are more likely to practice contraception than uneducated.<sup>10-12</sup> Our study data revealed that housewives were using the contraception more than those who were employed. This trend is due to limited mobility of the women for employment in local environment. Menstrual disturbances were of great concern. Among the non-menstrual side effects, ill health was observed as weight gain, pain abdomen, backache and headache.

Availability and affordability influenced the contraceptive method choice as revealed by study findings. Only 3 women reported tubal ligation whereas many refused to do so because their husbands would not allow them. In our study population no one reported vasectomy which was due to unawareness, absence of vasectomy center and disapproval by spouse.<sup>13</sup>

It is **Concluded** that a key concern in our country, has been an increase in contraception rate that however is still very low. Consequently, demographic targets have not been achieved to the desired level. The findings of this study have important policy implications. Obstacles to contraceptive use in our country are related to women's autonomy, low education, limited mobility, contraceptive methods' affordability, availability and awareness. It therefore emerged that autonomy of women is a significant factor that influences contraceptive use in our study population. The data suggested that autonomy is associated with

women's education and contraceptive use. Improving women's education has been seen as one way to increase their autonomy. Policy makers should initiate short and long term interventions to address these issues.

#### REFERENCES

1. Fikree FF, Khan A, Kadir MM et al. What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan. *International Family Planning Perspectives* 2001; 27 (3): 130-136.
2. Saleem S, Bobak M. Women's autonomy and contraceptive use in Pakistan: a national study. *Reprod Health* 2005; 2: 8.
3. UICCEF- Pakistan-Statistics 2006.
4. Casterline JB, Sathar ZA, ul Haq M. Obstacles to contraceptive use in Pakistan: a study in Punjab. *Stud Fam Plann* 2001 Jun; 32 (2): 95-110.
5. Tehrani FR, Farahani FK, Hashmi MS. Factors influencing contraceptive use in Tehran. *Family Practice* 2001; 18 (2): 204-208.
6. Ullah MS, Chakraborty N. Factors affecting the use of contraception in Bangladesh: a multivariate analysis. *Asia-Pacific Population Journal* 1993; 8 (3): 19-30.
7. Kazi A, Holck SE, Diethelm P. Phase IV study of the injection Norigest in Pakistan. *Contraception* 1985 Oct; 32 (4): 395-403.
8. Ageyi WK, Magadde M. Demographic and socio-cultural factors influencing contraceptive use in Uganda. *J Biosoc Sci.* 1995 Jan; 27 (1): 47-60.
9. Rachtel K, Jones JE, Dar-roch. Contraceptive use among U.S women Having abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health.* 2001; 34 (6): 294-303.
10. Khan H, Khalid F, Iqbal R et al. Knowledge, attitude and practice of family planning in Peshawar. *Journal of Medical Science* 2005 Jan; 13 (1): 37-39.
11. Matrin TC. Women's education and fertility. Results from 26 Demographic and health surveys. *Studies in family planning* 1995; 26 (4): 188-195.
12. Moursund A, Kravdal O. Individuals and community effects of Women's education and autonomy in India. *Population Studies.* 2003; 57: 285-301.
13. Tenvir J. Contraceptive practice. A five years review of family Planning clinic KTH hospital. *JPMI* 1994; 8 (1): 52-56.